

BR

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <b>X</b> <div style="text-align: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div>	
1. Article Addressed to:  <p style="text-align: center;">Chief of Criminal Appeals  Illinois Attorney General's Office  100 W. Randolph St., 12th Fl.  Chicago, IL 60604</p>		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer to) <p style="text-align: center;">7006 0100 0001 7312 6998</p>		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em;">JUL 28 2008</div>	
		3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Office Of The Attorney General  <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D. </div> </div>	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
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United States District Court (08cv4113)  
Northern District of Illinois  
219 S. Dearborn St., 20th Fl.  
Chicago, IL 60604

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08cv4113

MICHAEL W. DOBBINS  
CLERK, U. S. DISTRICT COURT

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AUG 7, 2008  
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MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT.